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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/549,569	09/19/2005	Leonard Rexberg	4147-129-	9619
TITLE OF INVENTION: POWER AMPLIFIER PRE-DISTORTION			2380-1192	

PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY **ISSUE FEE DUE** \$1810 05/25/2010 \$1510 \$300 \$0 NO nonprovisional 05/20/2010 SMOHAMM1 00000015 10549569 **EXAMINER** ART UNIT CLASS-SUBCLASS 01 FC:1501 2611 375-296000 1510.00 OP GHULAMALI, QUTBUDDIN 02 FC:1504 300.00 OP 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front pages 150:8001 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed.

Nixon & Vande HP e PP.C ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Telefonaktiebolaget LM Ericsson (publ) Stockholm, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form). Advance Order - # of Copies _ 3 5. Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Date May 19, 2010

Typed or printed name John R. Lastova

Registration No. 33,149

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